



# U.S. Congresswoman Diana DeGette

## Privacy Act Release

Name: \_\_\_\_\_ Circle One: Mr. Mrs. Miss Ms. Dr.

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Case or Claim Number: \_\_\_\_\_

<b>Housing</b> Loan #: _____	Name of Bank: _____
<b>IRS</b> Case #: _____	Specific years in question: _____
<b>Social Security</b> Case #: _____	New Enrollment? YES NO Date: _____
<b>Immigration</b> File #: _____	
<b>Military</b> Rank: _____ Branch: _____	Years of Service: _____ Last Post/Base/Port: _____
Retirement/Separation Date: _____	Disabled? YES NO Percentage? _____

Have you retained an attorney? YES NO Name: \_\_\_\_\_

Have you contacted another Congressional or Senatorial office regarding this matter? \_\_\_\_\_

- If yes, what office? \_\_\_\_\_

Brief description of the problem (you may attach additional pages or copies of related documents):

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Before an inquiry can be made on your behalf and subject to the provisions of the Privacy Act of 1974 (Title 5, Sec. 552A of the U.S. Code), the Office of United States Congresswoman Diana DeGette must first receive, in writing, your permission. Please provide the information above (**please print**) and mail, email, or fax this form and other necessary documents to your Constituent Advocate.

Signature

Date

*(not typed)* I hereby authorize Congresswoman DeGette and her staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Please Return to:  
Congresswoman Diana DeGette  
600 Grant St., Suite 202, Denver, CO 80203  
Phone: 303-844-4988 Fax: 303-844-4996